

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Type::	REGULAR
Subject Matter::	UTILITY
CD-ROM or CD-R?::	NONE
Computer Readable Form (CRF)?::	NO
Title::	NaCT AS A TARGET FOR LIFESPAN EXAPANSION AND WEIGHT REDUCTION
Attorney Docket Number::	275.00080101
Total Drawing Sheets::	44
Licensed US Govt. Agency::	National Institues of Health
Contract or Grant Numbers::	DA10045, HD33347, HL64196, HD44404, AI49849

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	USA
Status::	FULL CAPACITY
Given Name::	Vadivel
Family Name::	Ganapathy
City of Residence::	Matinez
State or Province of Residence::	GA
Country of Residence::	USA
Street of Mailing Address::	3810 Shoal Creek Court
City of Mailing Address::	Martinez
State or Province of Mailing Address::	GA
Country of Mailing Address::	USA
Postal or Zip Code of Mailing Address::	30907
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	Japan
Status::	FULL CAPACITY
Given Name::	Katsuhisa
Family Name::	Inoue
City of Residence::	Nagoya
Country of Residence::	Japan
Street of Mailing Address::	401-2-11 Shirosuna-chou Mizuho-ku

City of Mailing Address:: Nagoya
Country of Mailing Address:: Japan
Postal or Zip Code of Mailing Address:: 467-0056

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: USA
Status:: FULL CAPACITY
Given Name:: You-Jun
Family Name:: Fei
City of Residence:: North Augusta
State or Province of Residence:: SC
Country of Residence:: USA
Street of Mailing Address:: 2011 Torry Avenue
City of Mailing Address:: North Augusta
State or Province of Mailing Address:: SC
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 29841

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 26813

REPRESENTATIVE INFORMATION

Representative Customer Number:: 26813

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/459,441	04/01/03
This Application	Non-Provisional of	60/428,469	11/22/02

ASSIGNMENT INFORMATION

Assignee Name:: Medical College of Georgia Research Institute, Inc.
Street of Mailing Address:: 1120 15th Street
City of Mailing Address:: Augusta
State or Province of Mailing Address:: GA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 30912